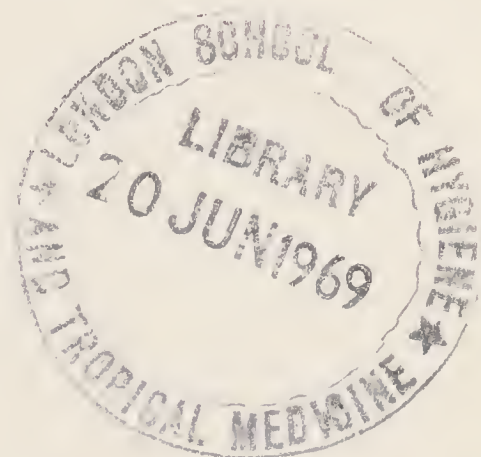


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Atk'd.

COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1968

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH AND WELFARE DEPARTMENT, SANKEY STREET,
WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1968)

Alderman E. MARSHALL, M.B.E., J.P. (Chairman)

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman W. HIGHAM, J.P.

Alderman J. PHOENIX, J.P.

Councillor W. AVERY, J.P.

Councillor F. J. BIBBY

Councillor R. G. CROCKER

Councillor G. R. MYLES

Councillor E. J. NAYLOR, M.P.S., M.R.S.H.

Councillor Mrs. B. M. SHAKESHAFT

Councillor H. WHITEHEAD

Rev. M. J. DILLON

Ex-Officio :

Mr. D. W. PICKERING (Mayor)

Alderman G. E. COOPER, J.P.
(Chairman of the Education Committee)

Rev. B. H. SACKETT, M.A., B.D.
(Deputy-Chairman of the Education Committee)

Chief Education Officer : H. M. PHILLIPSON, M.A.

STAFF
(As at 31st December, 1968)

Principal School Medical Officer :

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

School Medical Officers :

MARY GRAHAM, M.B., Ch.B., D.P.H.

THOMAS F. LEONARD, M.B., Ch.B., D.P.H.

WILLIAM P. POVEY, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.Obst.,
R.C.O.G., D.P.H.

Principal School Dental Officer :

A. P. FINLAY, L.D.S., R.F.P.S.(Glas.)

School Dental Officers :

Mrs. P. E. LAWTON, L.D.S., V.U. (Manc.)

J. HULL, L.D.S., R.C.S. (Eng.), (Part-time).

C. H. TAYLOR, B.D.S. (L'pool), (Part-time).

L. K. GRAY, L.D.S. (L'pool), (Part-time).

Miss I. MICHAEL, L.D.S., R.C.S.(Eng.), (Part-time).

Orthodontist :

Miss JUNE PATRICIA MURRAY, B.D.S., (L'pool), D.D.O., R.F.P.S.
(Glas.), (Part-time).

Dental Auxiliary :

Miss ALICIA RAMAGE.

Educational Psychologist :

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate
Certificate in Education (Lond.)

Superintendent Nursing Officer :

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.)

Ear, Nose and Throat Clinic :

P. O'BRIEN, M.D.

Visiting Consultants :

Ophthalmic : SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.(R.C.P. & S.)

Child Psychiatrist: Dr. I. BERMAN, M.B., Ch.B., D.P.M.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC

Mon., Wed., Fri., Examination of cases referred by Teachers,
9-0 a.m. to 9-45 a.m. Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC

Garven Place Clinic
Monday to Friday Treatment of contagious diseases of the
9-0 a.m. to 9-45 a.m. skin, eyes, etc.
Mon., Tues., Thurs., Fri. Vaccination and immunisation.
4-0 p.m. to 5.15 p.m.
Orford Health Centre
Monday and Wednesday 9-0 a.m. to 9-30 a.m.

DENTAL CLINIC

Monday to Friday Dental treatment (including orthodontic
(by appointment) treatment)
Daily 9-15 a.m. to Emergency treatment.
10 a.m.

EAR, NOSE AND THROAT CLINIC

Examinations : Alternate Mondays 2-0 p.m. (by appointment).
Out-Patient treatment : Daily (by appointment).
Operations are performed at the Warrington General Hospital on
Tuesday, Wednesday and Thursday mornings.

CHILD GUIDANCE CENTRE

Child Psychiatrist (Monday p.m., Thursday p.m.—by appointment)
Educational Psychologist (Daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PÆDIATRIC CLINIC (Warrington General Hospital)

New Cases: Wednesday p.m. (by appointment).
Re-visits: Monday a.m., Tuesday a.m. (by appointment).

ORTHOPÆDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.
Treatment :
Friday Treatment of postural and crippling defects,
9-30 a.m. to 11 a.m. etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 1-30 p.m. Examination and treatment of errors of
Friday, 9-30 a.m. refraction and squint.
(by appointment)

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the work of the School Health Service.

During the year under review the service operated in exactly the same manner as in previous years, the main emphasis being placed on the finding of children with handicaps who require special educational arrangements. As time has gone on this has become an increasingly important commitment and the demands for special education are likely to increase, particularly in connection with the increasing number of children suffering from spina-bifida who are now surviving to the age of school life. Much more provision will be required for these physically handicapped children in the coming years and the time must soon arrive when the authority should give consideration to developing some arrangements either on their own or in conjunction with the surrounding area for local provision on a day basis. Many of these children must be placed in residential schools, but it is these very children who have the greatest need of the home environment.

During the year measles immunisation was introduced and it will be seen in the report that a certain number of schoolchildren were given this protection. This is not likely to occur in future years since immunisation against measles will normally be carried out at a period before the child reaches school age.

In relation to staffing the Committee will note that the Principal School Dental Officer records stability during the year, even though he has managed to carry out his duties largely by the use of part-time staff. The diminishing number of Health Visitors is beginning to have some effect on the provision of School Nurses since these are combined appointments, and unless the position regarding recruitment of Health Visitors improves very quickly alternative arrangements in the provision of School Nurses will need to be considered.

The co-operation between the School Health Service and other agencies has been outstandingly good, and I would particularly wish to record the excellent relationship which exists between the Chief Education Officer and his staff and the service.

I am particularly grateful for the continued interest and support which the service has received from the Chairman and Members of the Committee. Their understanding of the problems and difficulties which present themselves is of great assistance to the staff, who have carried out their duties loyally and conscientiously.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,
Principal School Medical Officer.

THE SERVICE

The service continued to operate on the same lines as in the previous year and selective medical inspection has continued to prove satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with periodic informal visiting has continued.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the visits of school medical officers to the schools to which they are attached.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 174 children to ascertain their fitness for employment and 1 was found to be unfit.

EAR, NOSE AND THROAT CLINIC

This Clinic continued under the charge of Dr. O'Brien, a visiting General Practitioner, with special experience in Ear, Nose and Throat conditions. To this clinic are referred cases which have shown two failures on audiometric testing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse who has received special training is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

Primary Tests					
Number of schools visited	...	...	...	...	53
Number of group tests	...	...	...	...	155
Number of children tested	...	...	...	...	2883
Number of Primary failures	...	...	...	...	286
Secondary Tests					
Number of group tests	...	...	...	...	94
Number of children tested	...	...	...	...	448
Number of double failures	...	...	...	...	254
Disposal of Cases					
Nothing abnormal found after treatment	...	...	...	...	10
Receiving treatment	...	...	...	...	46
Referred for operative treatment	...	...	...	...	117
Treatment not beneficial	...	...	...	...	5
Still receiving treatment (from previous years) or investigation	...	...	...	...	23
Treatment refused	...	...	...	...	—
Discharged for non-attendance	....	....	....	....	12

ENURESIS CLINIC

Referrals to the clinic are made by School Medical Officers, School Nurses and General Practitioners. Each patient is examined by the Medical Officer responsible for the Clinic and suitable cases are issued with a bell-alarm and two sets of foils, together with instructions for their use.

Each case is kept under observation during the period of treatment. The success of the treatment depends on the co-operation of the patient and of the parents.

33 new cases were treated during 1968, and of these, treatment in 16 was regarded as successful.

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 805 children attended the clinic in 1968.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table 'A', Part III of the Appendix.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 404 attendances were made which included 166 new cases. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopædic problems are referred to the hospital service.

General medical problems are referred to the Pædiatric Out-Patient Clinic, and considerable assistance is received in the reports of the Consultant Pædiatrician.

SPEECH THERAPY CLINIC

We were unfortunate in losing the services of the Speech Therapist in the early part of 1968 and, to date, the vacancy has not been filled.

The following figures relate to this shortened period and represent the situation as it was when the Speech Therapist left the employment of the Authority.

No. of new patients seen	....	....	....	....	....	20
No. of new patients accepted for regular treatment					....	14
No. of new patients placed under observation				....	....	4
No. of new patients not requiring treatment				....	....	2
No. of patients treated	....	....	....	....	....	60
Total No. of attendances	....	....	....	....	....	453
No. of cases discharged	....	....	....	....	....	15
No of cases who were receiving regular treatment				....	....	51
No. of cases who were under observation			....	....	....	22

THE WORK OF THE SCHOOL NURSES

School nurses are allocated certain schools for which they are responsible to a School Medical Officer, each School Medical Officer thus being able to give special attention to a group of schools and also being able to consider the cases referred by the School Nurses of the particular group of schools. By this arrangement a closer degree of co-operation between Head Teacher, School Medical Officer and School Nurse is possible which is greatly to the benefit of pupils.

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. The school nurses carry out routine vision testing on all schoolchildren in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 16 cases. 1 Cleansing Order was issued for the Compulsory Cleansing of a child at the cleansing station. No prosecutions were necessary in the year under review.

Some brief details of the work carried out by the school nurses are given below :—

	1967	1968
Visits to homes of children (in many cases assisting with treatment)	219	174
Attendance at medical inspections in schools ...	196	310
Visits to schools for cleanliness inspections and re-inspections	422	380
Number of cases of uncleanness treated at the school clinic	38	38
Number of attendances of uncleanness cases at the school clinic	91	92

CHILD GUIDANCE CLINIC

The statistics for the year under review are as follows :

No. of clinic sessions held	...	...	...	83
No. of new cases	...	...	...	47
Total number of interviews (new and old cases)				147
No. of pupils treated	....	....	....	80
No. of closed cases	...	...	...	59

From whom referred : *New Cases :*

School Medical Officers	...	...	...	6
Educational Psychologist	...	...	...	20
Consultant Paediatrician	...	...	...	6
General Practitioners	...	...	...	9
Miscellaneous	...	...	...	6

The Consultant Service at the Clinic was provided by Dr. Berman at two sessions per week by arrangement with the Liverpool Regional Hospital Board, and I am most grateful for the co-operation which we have received from this service throughout the year.

THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

The School Psychological Service is mainly diagnostic and preventive, based on the present-day wider concept of child welfare. It forms part of the School Health Service and provides a means of assessing backward or mildly maladjusted children in the early stages of their difficulties. It is available for children between the ages of two and eighteen years referred by school medical officers, head teachers, or consultants. Methods used are discussion of the child's problem followed by intelligence testing in school, or else at the Centre where additional equipment permits the detection of specific handicaps and the understanding of personality-reactions.

After diagnosis suggestions are made to the parent attending, and also to the head teacher in connection with the child's needs, personality and management. Records enable us to follow progress and to offer a return visit, a retest or placement before closing the case. So the child is helped to adjust to learning situations in their broadest sense. In some cases social workers in the services of child-care or probation collaborate.

Later a parent or foster parent may spontaneously return for supportive advice or for the assistance of a school nurse or an education welfare officer.

A summary of the work of the Centre during 1968 is set out below, and we acknowledge assistance received from other social workers.

New cases undertaken	....	....	....	....	189
Referred by School Medical Officers	....	....	....	....	21
Referred by Head Teachers	....	....	....	....	142
Referred by Consultant Psychiatrist	....	....	....	....	10
Other sources including parents	....	....	....	....	16
Additional Tests	....	....	....	....	92
Retests	....	....	....	....	38
Total number of tests administered	....	....	....	....	313
Return visits of old cases	....	....	....	....	214
No. of visits paid to schools	....	....	....	....	87
No. of cases dealt with in schools	....	....	....	....	546

REFERRALS FOR DIAGNOSIS

These should be made at an early age, but for appropriate reasons. For example, it is found that many unsettled infants do adjust by the second term, also that the obstacles of some poor readers can be located by teachers themselves using appropriate tests; those of Schonell, Daniels and Diack, or Neale are therefore demonstrated, as necessity arises.

The Psychologist visits schools both routinely and by request to test children, to mention books, journals or apparatus connected with the basic subjects. This year one group of sixty parents attended an afternoon talk and discussion and the psychologist also took part in a symposium at the General Hospital on "The Handicapped Child".

AGE RANGE OF CHILDREN INTERVIEWED (TOTAL 388):

Ages	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953
Number	19	49	79	79	50	52	22	18	4	9	7

SCREENING FOR EDUCATIONAL GUIDANCE

Children at risk and with congenital abnormalities are known to the medical services.

With head teachers we now review the situation of those children within Junior Schools who earlier made low scores on the group Carlton Test and those Senior scholars whose failures in the verbal reasoning test (taken by the top classes of Junior Schools) suggest need for special educational treatment. A dull child who is seen by a school medical officer receives two spaced individual tests, and the extent of his retardation in reading and number is also investigated before education in a Day Special School is recommended. A vacancy for a remedial teacher has not yet been filled, but several schools offer some special educational treatment in a small class. Continuity of education is maintained from the level of the Junior Training Centre through the Day Special School and on to the ordinary schools by estimating each year the progress of children considered borderline cases. The figures below do not include reading tests, or additional testing done with Pre-School scales, the Wechsler Intelligence Scale for children, or performance tests for brain-damage, deafness, poor vision or language deficiency.

I.Q. RANGE OF CHILDREN TESTED ON Terman-Merrill Scale (Total 180).

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106-115	Over 115	Total
Boys	5	17	62	26	14	2	1	127
Girls	2	7	27	9	6	1	1	53

No social worker is attached to the Centre, but a psychologist who is a trained teacher can communicate both with schools staffs and with the psychiatrist, and so can extend from the Clinic into the school techniques which will serve the child. Although this is not psycho-therapy, an interview with parents can be a form of treatment and often modifies behaviour-disturbance in the pupil. Since as the child grows older habits and attitudes tend to crystallise, early referral offers better hope of success for any measures taken. The service is now fifteen years old and the Centre always has a waiting list.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1968, together with the numbers ascertained during the year.

Classification	No ascertained during year	Total on register at 31.12.68
Partially-sighted	—	3
Deaf	—	7
Partially-hearing	2	7
Physically-handicapped	4	11
Delicate	1	6
Maladjusted	2	3
Educationally-sub-normal	33	205
Epileptic	—	—
TOTALS	42	242

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending Special School as		Receiving Education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted	—	3	—	—	3
Deaf	—	7	—	—	7
Partially-hearing	—	4	—	—	4
Physically- handicapped	—	5	—	5	10
Delicate	—	4	—	1	5
Maladjusted	—	—	—	—	—
Educationally sub-normal	178	7	—	—	185
Epileptic	—	—	—	—	—
TOTALS	178	30	—	6	214

The following handicapped pupils requiring special educational provision are still unplaced :—

Partially hearing	....	....	....	....	....	3
Physically handicapped	....	....	....	....	....	1
Delicate	....	....	....	....	....	1
E.S.N.	....	....	....	....	....	20
Maladjusted	....	....	....	....	....	3

EDUCATIONALLY SUB-NORMAL PUPILS

There are 205 pupils ascertained as educationally sub-normal of whom 7 are in special residential schools, and 178 in the special day school. The remainder are awaiting special educational treatment.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 33 children were tested, with the following results :—

Suitable for special (day) schools	...	...	17
Suitable for special (residential) schools	...	...	1
Special education in ordinary school	...	...	3
No action taken—to be retested later	...	...	12
Total	...	...	33

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1968, there were 6 handicapped pupils on the home teacher's register. Of these, 5 were physically handicapped, and 1 delicate.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows :—

				1967	1968
Tuberculosis (respiratory)	...	...		—	—
Tuberculosis (non-respiratory)	...	...		1	—
Scarlet Fever	...	...	...	24	18
Whooping Cough	...	...	...	18	2
Measles	...	...	...	289	152
Pneumonia	...	...	...	—	2
Meningococcal Infection	...	...		1	1
Dysentery	...	...	...	4	—
Jaundice (from 3rd July, 1968)	....	....		—	9
Totals	...	...	...	337	184

IMMUNISATION

Special efforts are made to secure complete immunisation of schoolchildren at the time of the entrant examinations and the necessary ' booster ' injections are given in school as required.

Diphtheria : The number of children immunised during the year at school and at the clinic was as follows :—

Primary Courses	...	...	...	328
Secondary (Reinforcement)	...	...		997
Total	...	...	...	1325

Poliomyelitis: The number of schoolchildren immunised during the year was as follows :—

Oral Vaccine:

Completed Course (1st, 2nd, 3rd)	....	341
Booster	....	1485

A total of 2,508 doses of oral vaccine were thus given to schoolchildren during the year.

Measles: Immunisation against measles was introduced during the year. The number of schoolchildren who received this immunisation was: 371.

B.C.G. : Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed	...	755
No. of Mantoux Tests negative .	...	701
No. of B.C.G. vaccinations performed in school	... ..	701
Acceptance Rate...	... ..	83.84%

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes at the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections" in Part I, Table 'A', in the Appendix. 304 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

Milk: The provision of milk for pupils at secondary schools ceased at the end of the Summer term, in accordance with a decision of H.M. Government. Milk has continued to be supplied to primary schools on the same lines as in previous years.

Meals: The Education Committee had twenty School Kitchens supplying meals throughout the year. Mid-day meals were served in all the schools and the supply of meals to the Junior Training Centre continued throughout the year. The supply to the Adult Training Centre was discontinued after the end of the Midsummer Term.

There was again an increased demand for meals. The charge continued to be 6d. per day for the children attending special schools but was increased from 1/-d. to 1/6d. per day, by the Department of Education and Science, with effect from 1st April. Free meals were supplied to the children of parents whose income was within the national scale, and was extended from 1st April to include the fourth and any subsequent children of a family, regardless of income.

The following table shows the average number of meals supplied per day during the year 1968:

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
12,777	1,325	6,463	7,788	60.95%

During the week-ending 11th October, 1968—40,864 children's meals were supplied. This figure was the highest recorded figure of children's meals served in any week, since the commencement of the School Meals Service in Warrington, being 1,883 more than the highest figure in 1967.

PHYSICAL EDUCATION

The subject has made considerable progress throughout the year both in the supply of equipment and provision of facilities. The opening of a "Games Hall" type of gymnasium at the new Technical College is worthy of note and may well prove to be a pattern for future provisions of this kind.

The usual very full programme of inter-school and inter-town competitions in the major games has been provided by the Warrington Teachers Sports Association and there have been successes by individual pupils at County and National levels.

The Authority's swimming scheme for school children has again proved of great value and the year has been outstanding from the instructional angle as well as in regard to successes in competitive swimming and in Royal Life Saving Society examination results.

The Borough Gymnasium has again been a popular centre for physical activities of all kinds and the classes have been well attended. The premises have again been used by local and other organisations for teaching and special competitive events.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

It's always nice to sit back at the end of an important day, feeling pleasantly tired, and to think "everything went well today; it was a really good day". It's equally nice to be able to sit back at the end of a year and to reflect "well that was a good year; here's to the next one, and may it be equally good". So often in the past, and more particularly in the very recent past, we have been bedevilled by staff changes and lengthy periods of staff sickness, but 1968 has been very kind to us both in maintaining the same staff personnel and freedom from sickness among the professional staff. Miss Cliffe was a casualty for some months, but we were pleased to welcome her back again just before the year's end. Staff changes during the year were nil, and to the best of my recollection this is the first time during my 13 years in Warrington that we have been in this happy position. As I said in my report for 1965, constant staff changes are bad for any business organisation, and this is doubly true in children's dentistry where continuity of treatment is so important. One "gets to know" one's doctor or one's dentist, and no one, particularly the child patient, likes to be confronted by a different dentist at each visit. Miss Rampage, our Dental Auxiliary, has continued to do excellent work of a conservative nature on our younger age groups, and her visits to schools teaching Dental Health Education by means of talks, demonstrations, and the showing of films has again proved to be very popular. As I hoped she would, Miss Murray, our Orthodontist, increased her number of sessions worked, and the value of this may be seen by a comparison of the Orthodontic returns for this year and last. The number of new cases commenced rose by 28, and the completed cases by 14. The number of removable appliances fitted increased by 27, and of fixed appliances by 16. The popularity of this service keeps increasing every year. The figures given overleaf under Dental Inspection and Treatment are I think self explanatory and will bear favourable comparison with previous years. The figure of 1,244 "Emergencies" appears to be high, but this is I feel a misnomer, and I would prefer the term "Casuals" to describe those patients who attend each morning for one reason or another without appointment. The term "Emergency" conveys to me for example the child who has accidentally damaged his incisor teeth and is rushed to the clinic by an anxious parent or teacher for immediate first aid. However, this is a minor point.

Again during the past year, we have frequently had occasion to refer patients for in-patient treatment to either Mr. Finch, Consultant Oral Surgeon at the General Hospital, or to Mr. Over, Hospital Dental Officer at the Infirmary. This is an invaluable co-operation by these two gentlemen and I should like them both to know again how very much their efforts are appreciated.

The overall acceptance rate for treatment is again 72% and it is interesting to note that this figure has not altered since 1965. As I said last year, a lot of the remaining 28% are being well cared for privately, the result being that a grossly neglected mouth is a comparative rarity nowadays.

Again it gives me great pleasure to thank most sincerely all the members of my staff for their combined efforts, and also all those throughout the department who are in any way involved with Dental. I should also, however, like to say a special "thank you" to Nurse Read, Miss Savage, Jean and Sylvia who all did just that little bit extra during Miss Cliffe's lengthy absence, without any grumbles.

*DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY DURING THE YEAR ENDED
31st DECEMBER, 1968*

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	2326	1544	265	4135
Subsequent Visits	2143	2377	357	4877
Total Visits	4469	3921	622	9012
Additional courses of treatment commenced	103	115	36	254
Fillings in permanent teeth	1964	2473	323	4760
Fillings in deciduous teeth	1257	28	—	1285
Permanent teeth filled	1532	2111	296	3939
Deciduous teeth filled	1109	25	—	1134
Permanent teeth extracted	204	714	117	1035
Deciduous teeth extracted	2730	515	—	3245
General anaesthetics	1482	659	53	2194
Emergencies	867	316	43	1226

Number of Pupils X-rayed	132
Prophylaxis	569
Teeth otherwise conserved	39
Number of teeth root filled	18
Inlays	1
Crowns	8
Courses of treatment completed	3370

ORTHODONTICS

Cases remaining from previous year	121
New cases commenced during year	70
Cases completed during year	51
Cases discontinued during year	2
No. of removable appliances fitted	90
No. of fixed appliances fitted	19
Pupils referred to Hospital Consultant	—

PROSTHETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	1	11	10	22
Number of dentures supplied	1	15	16	32

ANAESTHETICS General Anaesthetics administered by Dental Officers

2194

INSPECTIONS

(a)	First inspection at school. Number of pupils	6885
(b)	First inspection at clinic. Number of pupils	1661
	Number of (a) + (b) found to require treatment	5945
	Number of (a) + (b) offered treatment	4732
(c)	Pupils re-inspected at school or clinic	378
	Number of (c) found to require treatment	246

SESSIONS

Sessions devoted to treatment	1477
Sessions devoted to inspection	60
Sessions devoted to Dental Health Education	29

APPENDIX

Medical Inspection Returns

Year ended 31st December, 1968

PART I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a *medical examination
		Satisfac- tory No.	Unsatisfac- tory No.	
1	2	3	4	5
1964 and later	98	98	—	—
1963	667	667	—	—
1962	939	939	—	—
1961	83	83	—	—
1960	15	15	—	—
1959	10	10	—	—
1958	4	4	—	886
1957	5	5	—	—
1956	8	8	—	—
1955	16	16	—	—
1954	450	450	—	—
1953 and earlier	530	530	—	—
TOTALS ...	2825	2825	—	886

Col. (3) total as a
percentage of Col.
(2) total 100%

Col. (4) total as a
percentage of Col (2)
total —

*In column (5) is the number of pupils who have been “ interviewed ” or “ discussed ” at case conferences and found not to warrant a medical examination, selective medical examinations being carried out.

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES: Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Part II 3	Total individual pupils 4
1964 and later	—	4	4
1963	—	43	39
1962	2	44	45
1961	—	8	7
1960	—	—	—
1959	—	—	—
1958	—	—	—
1957	1	2	2
1956	—	—	—
1955	—	—	—
1954	12	10	22
1953 and earlier	27	16	41
TOTALS ...	42	127	160

TABLE C.—OTHER INSPECTIONS

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	335
Number of Re-inspections	...	...	...	564
Total	...	...	...	899

TABLE D.—INFESTATION WITH VERMIN

NOTES : All cases of infestation, however slight, are included.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	23,083
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(b) Total number of individual pupils found to be infested	875
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	16
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	1

PART II—Defects found by Medical Inspection during the year.

TABLE A.—PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
1	2	3	4	5	6	7	8	9	10
4	Skin ...	3	9	8	3	—	4	11	16
5	Eyes (a) Vision ...	2	3	38	9	2	5	42	17
	(b) Squint ...	23	11	1	—	4	5	28	16
	(c) Other ...	1	—	1	—	—	—	2	—
6	Ears (a) Hearing ...	15	13	3	1	2	2	20	16
	(b) OtitisMedia	4	17	1	2	2	5	7	24
	(c) Other ...	—	2	—	—	—	—	—	2
7	Nose and Throat ...	5	55	2	3	2	21	9	79
8	Speech ...	13	13	—	1	—	5	13	19
9	Lymphatic Glands .	—	1	—	—	—	2	—	3
10	Heart ...	—	27	—	—	—	4	—	31
11	Lungs ...	—	46	1	3	—	9	1	58
12	Developmental :								
	(a) Hernia ...	3	5	1	—	1	—	5	5
	(b) Other ...	2	53	—	2	2	24	4	79
13	Orthopædic :								
	(a) Posture ...	—	2	—	—	—	3	—	5
	(b) Feet ...	9	70	3	2	1	20	13	92
	(c) Other ...	2	22	3	4	1	20	6	46
14	Nervous System :								
	(a) Epilepsy ...	—	3	—	—	—	3	—	6
	(b) Other ...	—	3	—	1	—	—	—	4
15	Psychological :								
	(a) Development .	1	5	—	—	—	1	1	6
	(b) Stability ...	2	67	—	2	—	2	2	71
16	Abdomen ...	—	—	—	—	—	—	—	—
17	Other ...	1	14	1	14	—	1	2	29

TABLE B—SPECIAL INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	599	5
5	Eyes (a) Vision	143	25
	(b) Squint	4	1
	(c) Other	2	1
6	Ears (a) Hearing	13	3
	(b) Otitis Media	3	—
	(c) Other	9	5
7	Nose and Throat	7	21
8	Speech	4	5
9	Lymphatic Glands	—	—
10	Heart	—	30
11	Lungs	3	51
12	Developmental :		
	(a) Hernia	—	—
	(b) Other	17	91
13	Orthopædic :		
	(a) Posture	1	3
	(b) Feet	2	24
	(c) Other	8	22
14	Nervous System :		
	(a) Epilepsy	—	1
	(b) Other	2	2
15	Psychological :		
	(a) Development	—	3
	(b) Stability	30	17
16	Abdomen	—	—
17	Other	84	14

PART III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

N.B. : This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	6
Errors of refraction (including squint) ...	754
TOTAL	760
Number of pupils for whom spectacles were prescribed	341

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis ...	244
(c) for other nose and throat conditions ...	—
Received other forms of treatment ...	94
TOTAL	347
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1968	—
(b) in previous years	8

TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	365
(b) Pupils treated at school for postural defects	—
TOTAL	365

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

						Number of cases known to have been treated
Ringworm (a) Scalp	...	...	...			—
(b) Body	...	...	...			—
Scabies	...	...	...	...	...	8
Impetigo	...	...	...	...	...	16
Other skin diseases	...	...	...	...	...	844
TOTAL	...	...	...	...	...	868

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	84

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	60

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	27
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1
(c) Pupils who received B.C.G. vaccination	701
(d) Other than (a), (b) and (c) above. Please specify :	
GENERAL MEDICAL ...	7
GENERAL SURGICAL ...	62
TOTAL (a)—(d) ...	798

PART IV.

TABLE H.—HEIGHT

	Age	No. Examined 1968	1965 ft. ins.	1966 ft. ins.	1967 ft. ins.	1968 ft. ins.
BOYS						
Entrants	4	—	—	3 2 $\frac{3}{4}$	—	—
	5	254	3 5 $\frac{3}{4}$	3 6	3 5 $\frac{3}{4}$	3 6
	6	464	3 7 $\frac{1}{2}$	3 7 $\frac{1}{4}$	3 7 $\frac{1}{4}$	3 7
	7	46	3 9 $\frac{1}{2}$	3 9 $\frac{3}{4}$	3 9 $\frac{1}{2}$	3 9 $\frac{3}{4}$
Leavers	14	351	5 3	5 3	5 5	5 3
Other Periodic Inspections : (Nursery Classes)	3	1	—	3 3 $\frac{1}{2}$	2 9 $\frac{1}{2}$	3 0
	4	50	3 3	3 3 $\frac{1}{2}$	3 2 $\frac{1}{2}$	3 3
	5	113	3 4 $\frac{1}{4}$	3 4 $\frac{1}{4}$	3 4 $\frac{1}{2}$	3 4 $\frac{1}{2}$
GIRLS						
Entrants	4	—	—	3 5 $\frac{1}{4}$	—	—
	5	201	3 5 $\frac{1}{2}$	3 6	3 5 $\frac{1}{2}$	3 5 $\frac{3}{4}$
	6	469	3 6 $\frac{3}{4}$	3 6 $\frac{1}{2}$	3 7	3 7 $\frac{1}{4}$
	7	51	3 9 $\frac{1}{4}$	3 9	3 10 $\frac{1}{2}$	3 9 $\frac{1}{2}$
Leavers	14	307	5 1 $\frac{1}{4}$	5 1 $\frac{1}{2}$	5 2	5 1 $\frac{3}{4}$
Other Periodic Inspections : (Nursery Classes)	3	2	—	3 2	—	2 9 $\frac{1}{2}$
	4	42	3 2 $\frac{1}{4}$	3 3 $\frac{1}{2}$	3 1 $\frac{1}{2}$	3 2 $\frac{1}{2}$
	5	96	3 4	3 4 $\frac{1}{2}$	3 4	3 4 $\frac{1}{2}$

TABLE J.—WEIGHT

	Age	No. Examined 1968	1965 st. lb.	1966 st. lb.	1967 st. lb.	1968 st. lb.
BOYS						
Entrants	4	—	—	2 10 $\frac{1}{4}$	—	—
	5	254	2 12 $\frac{1}{4}$	2 13 $\frac{1}{4}$	2 13 $\frac{1}{4}$	2 12 $\frac{1}{2}$
	6	464	3 0 $\frac{3}{4}$	3 0 $\frac{3}{4}$	3 1 $\frac{1}{4}$	3 0 $\frac{3}{4}$
	7	46	3 4 $\frac{1}{4}$	3 5 $\frac{1}{2}$	3 6	3 5 $\frac{3}{4}$
Leavers	14	351	7 13	7 13	8 3	8 2
Other Periodic Inspections : (Nursery Classes)	3	1	—	2 9 $\frac{1}{4}$	2 2	2 5
	4	50	2 6 $\frac{1}{2}$	2 9 $\frac{1}{2}$	2 7 $\frac{1}{2}$	2 7 $\frac{3}{4}$
	5	113	2 10 $\frac{1}{2}$	2 9 $\frac{3}{4}$	2 10	2 10 $\frac{1}{4}$
GIRLS						
Entrants	4	—	—	2 11 $\frac{1}{2}$	—	—
	5	201	2 11 $\frac{1}{2}$	2 12 $\frac{1}{4}$	2 12	2 11 $\frac{1}{2}$
	6	469	2 13 $\frac{1}{2}$	3 0	3 0 $\frac{1}{2}$	3 0 $\frac{3}{4}$
	7	51	3 5	3 5 $\frac{1}{2}$	3 5 $\frac{1}{2}$	3 3 $\frac{3}{4}$
Leavers	14	307	7 11 $\frac{1}{4}$	7 11 $\frac{1}{2}$	8 0 $\frac{3}{4}$	8 2
Other Periodic Inspections : (Nursery Classes)	3	2	—	2 5	—	2 3 $\frac{1}{2}$
	4	42	2 7 $\frac{1}{2}$	2 8 $\frac{1}{4}$	2 5 $\frac{3}{4}$	2 7 $\frac{1}{4}$
	5	96	2 9 $\frac{1}{2}$	2 10	2 8 $\frac{1}{2}$	2 9 $\frac{3}{4}$

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1968

	Boys	Girls
Notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959	7	6



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